

# FLORIDA TRAFFIC CRASH REPORT

## HIGHWAY SAFETY & MOTOR VEHICLES

### TRAFFIC CRASH RECORDS

NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐

(Electronic Version)

Crash Date <b>OCTOBER 15, 2017</b>		Time of Crash <b>10:00 AM</b>		Date of Report <b>OCTOBER 15, 2017</b>		Reporting Agency Case Number <b>081710001139</b>		HSMV Crash Report Number <b>87088155</b>	
<b>CRASH IDENTIFIERS</b>									
County Code <b>10</b>	City Code <b>79</b>	County of Crash <b>BROWARD</b>		Place or City of Crash <b>WESTON</b>		Within City Limits <b>YES</b>		Time Reported <b>10:12 AM</b>	Time Dispatched <b>10:12 AM</b>
Time on Scene <b>10:15 AM</b>		Time Cleared Scene <b>12:15 PM</b>		Completed <b>YES</b>		Reason (if Investigation NOT Complete)		Notified By <b>LAW ENFORCEMENT</b>	
<b>ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)</b>									
Crash Occurred On Street, Road, Highway <b>STANTON DR</b>						1 At Street Address # <b>816</b>		2 At Latitude And Longitude	
At Feet		Miles		Direction		3 At / From Intersection With Street, Road, Highway		4 Or From Milepost #	
Road System Identifier <b>5 LOCAL</b>				Type of Shoulder <b>3 CURB</b>		Type of Intersection <b>1 NOT AT INTERSECTION</b>			
<b>CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input checked="" type="checkbox"/></b>									
Light Condition <b>1 DAYLIGHT</b>		Weather Condition <b>1 CLEAR</b>		Roadway Surface Condition <b>1 DRY</b>		School Bus Related <b>1 NO</b>		Manner of Collision <b>77 OTHER (EXPLAIN IN NARRATIVE)</b>	
First Harmful Event Type <b>2 COLLISION WITH NON-FIXED OBJECT</b>		First Harmful Event <b>13 COLLISION WITH ANIMAL</b>		First Harmful Event Location <b>1 ON ROADWAY</b>		Within Interchange <b>1 NO</b>		First Harmful Event Relation to Junction <b>1 NON-JUNCTION</b>	
Contributing Circumstances: Road <b>1 NONE</b>			Contributing Circumstances: Road			Contributing Circumstances: Road			
Contributing Circumstances: Environment <b>1 NONE</b>			Contributing Circumstances: Environment			Contributing Circumstances: Environment			
Work Zone Related <b>1 NO</b>		Crash in Work Zone		Type of Work Zone		Workers in Work Zone		Law Enforcement in Work Zone	
<b>VEHICLE</b> Check if Commercial <input type="checkbox"/>									
Vehicle <b>01</b>	Motor Vehicle Type <b>1 VEH IN TRANSPORT</b>		Hit and Run <b>2 YES</b>	Veh License Number <b>GNCD72</b>		State <b>FL</b>	Reg. Expires <b>DECEMBER 31, 2017</b>	Permanent Reg. <b>1 NO</b>	VIN <b>1N6BF0KY7GN804932</b>
Year <b>2016</b>	Make <b>NISS</b>	Model	Style <b>VAN</b>	Color <b>WHI</b>	Extent of Damage <b>3 NONE</b>	Est. Damage	Towed Due To Damage <b>1 NO</b>	Vehicle Removed By <b>DRIVER</b>	Rotation
Insurance Company (Driver) <b>NAVIGATION</b>						Insurance Policy Number <b>CH16CAL02016000</b>			
Name of Vehicle Owner (Business) <b>IMPACT SHIPPING SOLUTIONS</b>			Current Address <b>1900 NW 132 PL</b>			City & State <b>MIAMI, FL</b>		Zip Code <b>33169</b>	
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Vehicle Direction Traveling <b>S</b>		On Street, Road, Highway <b>STANTON DR</b>					At Est. Speed <b>15</b>	Posted Speed <b>15</b>	Total Lanes <b>02</b>
CMV Configuration			Cargo Body Type <b>3 VAN/ENCLOSED BOX</b>			Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR		Trailer Type (Trailer One)		Trailer Type (Trailer Two)					
Haz. Mat. Release		Haz. Mat. Placard		Number		Class			
Motor Carrier Name				US DOT Number					
Motor Carrier Address				City & State				Zip Code	
Phone Number									
Comm/Non-Commercial		Vehicle Body Type <b>17 CARGO VAN (10,000 LBS OR LESS)</b>		Vehicle Defects (one) <b>1 NONE</b>		Vehicle Defects (two)		Emergency Vehicle Use <b>1 NO</b>	
Special Function of MV <b>1 NO SPECIAL FUNCTION</b>									
Vehicle Maneuver Action <b>1 STRAIGHT AHEAD</b>		Trafficway <b>1 TWO-WAY, NOT DIVIDED</b>		Roadway Grade <b>1 LEVEL</b>		Roadway Alignment <b>1 STRAIGHT</b>		Most Harmful Event <b>2 COLLISION WITH NON-FIXED OBJECT</b>	
Most Harmful Event Detail <b>13 COLLISION WITH ANIMAL</b>									
Traffic Control Device For This Vehicle <b>1 NO CONTROLS</b>		First (1) Sequence of Events <b>13 COLLISION WITH ANIMAL</b>		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events	

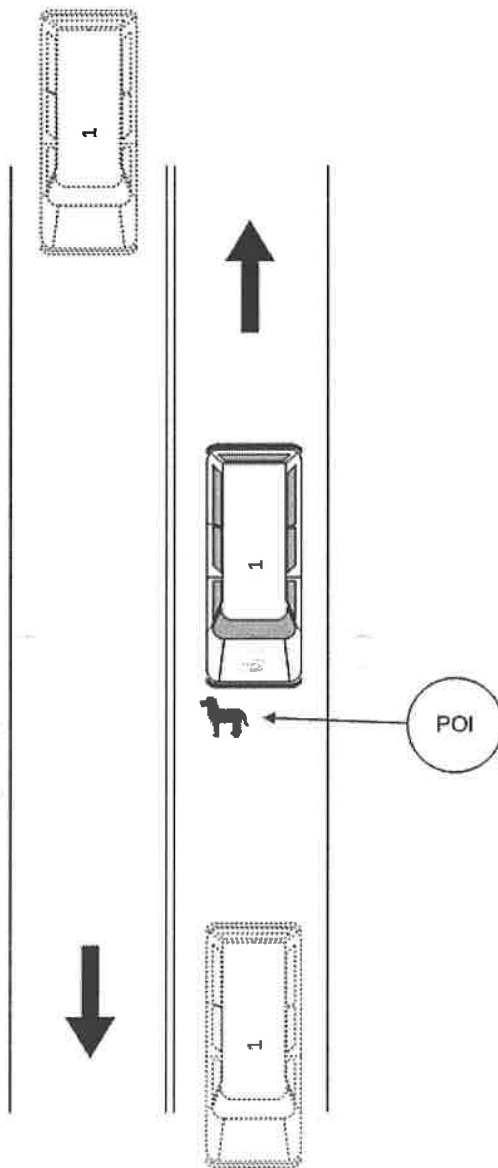
Crash Date <b>OCTOBER 15, 2017</b>		Time of Crash <b>10:00 AM</b>		Date of Report <b>OCTOBER 15, 2017</b>		Reporting Agency Case Number <b>081710001139</b>		HSMV Crash Report Number <b>87088155</b>	
<b>PERSON</b>									
Person # <b>01</b>	Description <b>1 DRIVER</b>	Vehicle # <b>01</b>	Name <b>NIURKA I. PEREZ</b>		Date of Birth <b>AUGUST 28, 1966</b>		Sex <b>2 FEMALE</b>	Phone Number <b>(786) 339-5874</b>	Re-Exam <b>2 NO</b>
Address <b>10357 SW 174TH TER</b>			City & State <b>MIAMI, FL</b>			Zip Code <b>33157</b>			
Driver License Number <b>P620629668080</b>		State <b>FL</b>	Expires <b>AUGUST 28, 2021</b>		DL Type <b>5 E / OPERATOR</b>		Req. End. <b>2 NO</b>		Injury Severity <b>1 NONE</b>
Ejection <b>1 NOT EJECTED</b>									
Restraint Systems <b>3 SHOULDER AND LAP BELT USED</b>		Air Bag Deployed <b>2 NOT DEPLOYED</b>		Helmet Use		Eye Protection <b>3 NOT APPLICABLE</b>		Seating Location Seat <b>1 LEFT</b>	Seating Location Row <b>1 FRONT</b>
Seating Location Other <b>1 NOT APPLICABLE</b>									
Drivers Actions at Time of Crash (First) <b>1 NO CONTRIBUTING ACTION</b>			Drivers Actions at Time of Crash (Second)				Driver Distracted By <b>1 NOT DISTRACTED</b>		Vision Obstruction <b>1 VISION NOT OBSCURED</b>
Drivers Actions at Time of Crash (Third)			Drivers Actions at Time of Crash (Fourth)				Drivers Condition at Time of Crash <b>1 APPARENTLY NORMAL</b>		
Suspected Alcohol Use <b>1 NO</b>		Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use <b>1 NO</b>		Drug Tested	Drug Test Type
Drug Test Result									
Source of Transport to Medical Facility <b>1 NOT TRANSPORTED</b>		EMS Agency Name or ID:			EMS Run Number		Medical Facility Transported To		
<b>PERSON</b>									
Person # <b>02</b>	Description <b>2 NON-MOTORIST</b>	Name <b>DEBRA B. KEARNS</b>		Date of Birth <b>SEPTEMBER 27, 1968</b>		Sex <b>2 FEMALE</b>	Injury Severity <b>1 NONE</b>	Phone Number <b>(954) 240-7834</b>	
Address <b>816 STANTON DR</b>			City & State <b>WESTON, FL</b>			Zip Code <b>33326</b>			
Non-Motorist Description Detail <b>1 PEDESTRIAN</b>			Non-Motorist Action Prior to Crash <b>77 OTHER (EXPLAIN IN NARRATIVE)</b>				Non-Motorist Location at Time of Crash <b>7 SHOULDER/ROADSIDE</b>		
Non-Motorist Actions/Circumstances (First) <b>77 OTHER (EXPLAIN IN NARRATIVE)</b>			Non-Motorist Actions/Circumstances (Second)			Non-Motorist Safety Equipment (One) <b>1 NONE</b>		Non-Motorist Safety Equipment (Two)	
Suspected Alcohol Use <b>1 NO</b>		Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use <b>1 NO</b>		Drug Tested	Drug Test Type
Drug Test Result									
Source of Transport to Medical Facility <b>1 NOT TRANSPORTED</b>		EMS Agency Name or ID:			EMS Run Number		Medical Facility Transported To		
<b>VIOLATIONS</b>									
Person # <b>01</b>	Name <b>NIURKA I. PEREZ</b>			FL Statute Number <b>316.061-1</b>		Charge <b>CRASH LEAVE SCENE W/O GIVING INFORMATION (SPECIFY</b>			Citation Number <b>A8BXPLE</b>
<b>NON VEHICLE PROPERTY DAMAGE</b>									
Vehicle # <b>02</b>	Person # <b>02</b>			Property Damage - Other Than Vehicle <b>COCERPOO DOG</b>			Est. Amount <b>\$500</b>		
Business <b>2 NO</b>	Owner's Name <b>DEBRA B. KEARNS</b>			Address <b>816 STANTON DR</b>			City & State <b>WESTON, FL</b>		Zip Code <b>33326</b>
<b>NARRATIVE</b>									
<p>The Driver of Vehicle #1 (Amazon package delivery/Impact Shipping Solutions) stated that she was traveling southbound on Stanton Drive when she observed a woman (listed as pedestrian) with an unleashed dog on the west side of the roadway. The Driver stated that she then moved to the left side of the roadway to give the Pedestrian and dog more space. The Driver stated that as she passed them, she heard the Pedestrian screaming and banging on her vehicle. Vehicle #1 then stopped in the roadway. The Pedestrian then walked up to the driver's door of Vehicle #1 and continued banging on the door and window while yelling "you ran over my dog, get out of the van". The Driver of Vehicle #1 stated that she was terrified and did not know what the Pedestrian might do next, so she fled the area and called her boss. The Driver stated that her boss told her to come back to her office. The Driver stated that she then left the area <b>1 - 911 Caller</b> The Driver stated she did not know that she hit the dog until the Pedestrian started yelling at her. The Driver stated that she did not see anyone else in the area during this incident.</p> <p>The Woman/Pedestrian stated that she was attempting to load her two boys and her dog into her vehicle that was parked properly in her driveway. The Pedestrian stated that her dog was not on a leash and one of her sons is autistic. The Pedestrian stated that one of her sons was in her vehicle, her dog was on the sidewalk with her and her autistic son was standing next to a tree on the east side of the roadway.</p> <p>The Pedestrian stated she observed a white van traveling southbound at a high rate of speed on Stanton Drive and she started waving her hands in the air and yelling at the Driver of the van to stop. The van then swerved left away from the Pedestrian as her dog ran into the street. The van then ran over the dog, killing it. The van then stopped in the middle of the street and the Pedestrian ran up to the driver's door yelling at the Driver to get out of the van. The Driver shook her head no and the Pedestrian attempted to open the driver's door and yelling get out of the van, you just killed my dog. The Driver of the van then fled the area quicker than the Pedestrian could let go of the van's door handle. The Pedestrian was dragged a short distance and fell to the ground. <b>1 - 911 Caller</b></p> <p>Fire Rescue #67, Run #3683 responded. They checked the Pedestrian's left hand and left ankle abrasions. They told her to wash them with worm soapy water. Fire Rescue also assisted the Pedestrian with wrapping her dog in a sheet and placing it into a box while she attempts to call animal control.</p> <p>On 10-15-17 at approximately 1600 hours the Pedestrian call and gave me the phone number for the Driver's Amazon package delivery company (Impact Shipping Solutions). I was the able to make contact with the Driver of Vehicle#1 and she was cited for leaving the scene of an accident with property damage.</p>									
<b>REPORTING OFFICER</b>									
ID/Badge Number <b>11326</b>	Rank and Name <b>BARNES, B. A.</b>				Department <b>BROWARD COUNTY SHERIFF'S OFFICE</b>			Type of Department <b>2 SO</b>	

**DIAGRAM**



Indicate North

816 STANTON DR



Drawing Not To Scale.

*Redaction Date: Friday, July 26, 2019 8:55:30 AM*

Total Number of Redactions: 2

By Exemption:

"ID of caller to "911" - §365.171(12)" (911 Caller): 2 instances

By Page:

Page 2 - "ID of caller to "911" - §365.171(12)" (911 Caller): 2 instances